

*HEADQUARTERS
CIVIL AIR PATROL
CONDOR COMPOSITE SQUADRON
UNITED STATES AIR FORCE AUXILIARY*

SUBJECT: New Cadet Membership Packet

TO: New Members and Parents

Welcome to the CONDOR COMPOSITE SQUADRON of the CIVIL AIR PATROL, UNITED STATES AIR FORCE AUXILIARY. We are pleased to welcome you to our exciting and very active Cadet Squadron. There are many great programs and opportunities offered and this package will help you get started.

I would like to take this opportunity to explain about your new member packet in order for you to properly complete your paperwork. You can begin the training program and participate in most activities as soon as you are enrolled. However, you must wait until you have your CAP id card to take part in flying or activities that require travel from the squadron.

Remember! CAP forms are to be completed with **printing** (except for signatures) in **black ink** only.

The membership enrollment form has two parts, a uniform voucher and CAP Form 15. The voucher is used to receive a cadet uniform ("blues") from the Air Force. These uniforms belong to CAP and are being purchased under temporary funding to assist new members. You must return the uniform when you leave CAP. This voucher must not be detached from the enrollment form.

On the first page the Cadet Applicant signs and dates under #1 ("Your signature"). A parent or legal guardian signs next. On the 2nd page, record the appropriate clothing sizes for the Cadet. For the shirt, measure around the neck in inches. For pants, measure around the waist. In choosing a length, consider that these are adult sizes and tend to be large on Cadets. For females, choose either pants or skirt, indicating size as usual. Mark shoe size and width. To determine the cap size for males, measure the head circumference and refer to the chart included in this packet. For females, the circumference is the size. Choose both a belt and buckle.

On the Application for Cadet Membership page the Charter Number is **N Y 3 5 4**. In the three Social Security Number boxes enter first **3** digits, middle **2** digits, and then final **4** digits. Next, **last name**, first name and initial. After gender, height is in **inches** and weight in pounds. Blood type is optional, only if known. Birth date is military style: **day** first, then **month**, and **year**. Address and next of kin are self-explanatory. Leave "member most responsible" blank. Enter name of your school, city address, and grade. Notes citizenship. If no prior CAP membership, write "**None**". The applicant signs, followed by the parent or legal guardian.

On the back side is a medical questionnaire. Allergies refer to medications or foods. If none, only the signature of the parent or legal guardian is required. If any "Yes" boxes are check, and physician's signature is required. However, there are no restrictions on prevent membership regardless of medical or physical conditions.

Once you have completed the application, return it with a check made out to CAP NHQ for \$42.00. This covers first year dues. Annual renewal dues are less. The only other costs involved are for special activities like trips or bivouacs for transportation and food.

After your completed membership application is processed by National Headquarters at Maxwell Air Force Base, Alabama, you will receive your authorized membership card, textbooks and uniform. These may take several weeks. When they arrive, please bring everything you receive to your next meeting. We want to make sure you receive all the information you should be getting. **Some of these forms are required for ongoing record keeping by the Squadron.**

Once you receive your authorized membership card, you must sign it and always carry it and a "FORM 60" with you when you attend meetings and all authorized Civil Air Patrol activities. You will be required to show these two documents at each meeting and activity. You will have a lot of fun and always be learning new things as you progress through our program. This squadron and its senior members are proud to support you in these efforts, as you work and proceed toward your future goals.

It is through the individual efforts of each Cadet and your own desire to take advantage of the many opportunities offered to you that make your personal goals and the success of our squadron a reality.

You are the Pilot of your own personal program. You will be given assistance without relinquishing responsibility and you will be supported by the successes of the Cadets who have come before you. Once again, welcome to our team!

CONGRATULATIONS!!!! You are now representing the Civil Air Patrol, United States Air Force Auxiliary, and will be required to present yourself at all times according to the Cadet Honor Code of Conduct (copy enclosed--please read and ask questions if you don't understand).

EMERGENCY NOTIFICATION DATA: CAPF 60

CAP Form 60 is one of two documents required by National Headquarters to be carried by you at all times when participating in any CAP authorized activity or meeting. The other is your CAP ID Card. They should be brought to all Squadron Meetings. You will be asked to show both when you sign in at any CAP activities.

1. You must complete two CAPF 60's; one for you to carry and one for your personnel file.
2. Neatly write in black ink, completing ALL blanks on both sides. There must be the requested information in each blank space.
3. Whenever any information changes, such as; your grade, address or telephone number, you must complete two more to keep your information current at all times.
4. Once you have completed these forms, separate them, keeping one yourself and submit one for your personnel file. **You are responsible for updating and submission.**

Read, memorize and follow the Cadet Honor Code and the Cadet Oath. You will find that in order for all of us to have trust in one another all of us must subscribe to them! Sign the Cadet Oath and submit it for your personnel file.

THE CADET HONOR CODE

“I will not lie, cheat, steal, nor tolerate among us, anyone who does”

- a. Any Cadet violating this code may be terminated from the program.
- b. On a case by case basis, amnesty may be granted, depending upon the severity of the circumstances, to a Cadet who turns him/herself in to the Squadron Commander.

SQUADRON POLICIES

Listed below are several policies that are in effect within our Squadron. Your full compliance with each of these policies is vital to ensure the smooth and successful operation of this unit. Your signature at the bottom of this document shall be considered your agreement, as a member of this squadron, to abide by these policies at all times and all places. Your signature and agreement indicates that you wish to be a part of the Condor Composite Squadron, Civil Air Patrol and is ample reason to enforce these policies.

1. **“No Cadet, regardless of age or rank, shall drink alcohol, smoke, or use drugs of any kind** (except by prescription) including tobacco or knowingly condone or ignore their use by fellow Cadets while in uniform or out, at any time.”
2. **“Adherence to CAP-USAF Uniform and grooming standards is mandatory”**
Failure to comply may result in suspension from participation. A “Plain” white T-shirt (no logo or writing), blue jeans, and tennis shoes may be considered the “uniform of the day” initially until you have a complete official uniform. Your valid CAP ID card and a current form 60 are components of your uniform and should be carried with you.
- 3 **“Cadet attendance at regular squadron meetings is required, as is attendance at squadron activities”**
When you agree that you are going to attend an activity, your fellow Cadets are counting on you and Senior Members plan around your commitment; if for some reason you can’t attend, it is your responsibility to contact your flight leader or Cadet 1st Sergeant in sufficient time for the program(s) to be modified.
4. **“Failure to attend three (3) consecutive Squadron meetings without an acceptable excuse may result in suspension of your Cadet Membership”**
It shall be the responsibility of each Cadet to notify his/her immediate supervisor in advance, or as soon as possible, of each absence. In any case, this notification should take place at least three days prior to any absence. In the case of Cadets going away for the summer, a long-term illness, or being grounded for grades by parents, Cadets must submit a “Leave of Absence” request in writing via a military style letter, with an opening and a closing date of the “Leave of Absence”.
5. **“Compliance with the provisions of the CAP Constitution and by-laws, the regulations and manuals, your chain of command, customs and courtesies, policies and orders of higher authority is required”**

6. **“While in uniform, at an activity or meeting, traveling to or from that activity or meeting, your conduct should be in line with CAP Customs and Courtesies and of such standard that it brings credit upon your uniform and all that it stands for”**
To bring discredit upon the uniform, including but not limited to the use of profanity, derogatory remarks to or about fellow Cadets and/or Senior Members and misbehavior will be grounds for disciplinary action.
7. **“In order to be a well rounded Cadet you must maintain a satisfactory grade point average in school”**
All Cadets are responsible to bring a signed (by parent or guardian) copy of their report card to the first squadron meeting after receiving it from school; to be posted in your Personnel file. An unsatisfactory report card may mean suspension from squadron activities during the following school quarter or until your grades improve (interim reports are accepted). Turn copy over to your flight commander at the meeting immediately following the day your report card is issued.

Please contact me if you ever have any concerns or questions

Thank you,

1st Lt. Craig P. Wadsworth, CAP
Deputy Commander for Cadets

Condor Composite Squadron NY-354
6255 Route 20A
Perry Warsaw Airport
Perry, NY 15430
Ph: 585-237-2320
Email: condor354@wycol.com

CADET OATH

I PLEDGE THAT I WILL SERVE FAITHFULLY IN THE CIVIL AIR PATROL CADET PROGRAM, AND THAT I WILL ATTEND MEETINGS REGULARLY, PARTICIPATE ACTIVELY IN UNIT ACTIVITIES, OBEY MY OFFICERS, WEAR MY UNIFORM PROPERLY, AND ADVANCE MY EDUCATION AND TRAINING RAPIDLY TO PREPARE MYSELF TO BE OF SERVICE TO MY COMMUNITY, STATE, AND NATION.

"I have read and/or had explained to me, the policies expressed above. I fully understand and hereby, freely and without reservation agree to comply with each of them."

Cadet's Signature: _____

Cadet's Name Printed: _____

Date: _____

APPLICATION FOR CADET MEMBERSHIP IN CIVIL AIR PATROL <i>(Type or print.)</i>				CHARTER NUMBER		SOCIAL SECURITY NUMBER		
LAST NAME - FIRST NAME - MIDDLE INITIAL				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	BLOOD TYPE	DATE OF BIRTH DAY MONTH YEAR
MAILING ADDRESS (Number and Street)			APT	CITY		STATE	ZIP CODE	HOME PHONE ()
E-mail address (This address may be used to contact you concerning CAP events, special interest items and other membership information)								
NEXT OF KIN (Name and address)						RELATIONSHIP:		
						PHONE: ()		
SCHOOL PRESENTLY ATTENDING (NAME AND ADDRESS) <input type="checkbox"/> Check here if Home Schooled							GRADE	
MEMBER MOST RESPONSIBLE FOR YOUR JOINING CAP (OPTIONAL : <i>For recruiting campaign purposes</i>)								
<u>NAME</u>			<u>CAPSN</u>			<u>CHARTER NUMBER</u>		
To help us better serve our members, please tell us how you heard about Civil Air Patrol (check all that apply):								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Air Show <input type="checkbox"/> NASCAR Race Program <input type="checkbox"/> CAP Member <input type="checkbox"/> Friend <input type="checkbox"/> Magazine <input type="checkbox"/> Family Member </div> <div style="width: 48%;"> <input type="checkbox"/> CAP Exhibit <input type="checkbox"/> School <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> CAP News <input type="checkbox"/> Other (please name): </div> </div>								
BACKGROUND INFORMATION:								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. CITIZENSHIP 1) Are you a citizen of the United States? ____ 2) Are you an alien admitted for permanent residence? ____ (Must possess current alien registration receipt card [Form I-151 or I-551]). </div> <div style="width: 48%;"> B. IDENTIFICATION GROUP (Optional) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK (NOT OF HISPANIC ORIGIN) <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE </div> </div>								
C. PRIOR CAP MEMBERSHIP (WRITE "NONE" IF APPROPRIATE) ____								
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Old Charter Number</div> <div style="width: 20%;">Membership Date (From)</div> <div style="width: 20%;">Membership Date (To)</div> <div style="width: 40%;">Highest Cadet Award Earned</div> </div>								
I hereby make application for cadet membership in Civil Air Patrol. I pledge that I will serve faithfully in the Civil Air Patrol Cadet Program and that I will attend meetings regularly, participate actively in unit activities, obey my officers, wear my uniform properly, and advance my education and training rapidly to prepare myself to be of service to my community, state, and nation.								
APPLICANT SIGNATURE							DATE	
This application has my approval. I understand that my child may be flying in CAP aircraft and participating in vigorous outdoor activities. I agree to help support my child's efforts to attend official Civil Air Patrol functions and activities.								
PRINT PARENT OR LEGAL GUARDIAN FULL NAME				SIGNATURE			DATE	
To be completed by commander or designated representative: I certify that the applicant is accepted as a member of Civil Air Patrol subject to approval by higher headquarters with National Headquarters as the final approving authority. Membership becomes effective when this application is processed by National Headquarters and the individual's name appears on the National Headquarters database.								
CHARTER, UNIT NAME, AND ADDRESS								
PRINT FULL NAME				SIGNATURE			DATE	
<div style="text-align: center;"> A NOTE TO THE NEW CADET Congratulations on joining Civil Air Patrol! To fly in CAP aircraft and be credited for achievements in the Cadet Program, your application must be processed by CAP National Headquarters. So please rush this application and your check for dues to: NATIONAL HEADQUARTERS CAP/LMM 105 S. HANSELL ST. MAXWELL AFB AL 36112-6332 </div>								

HEALTH CERTIFICATE PARENT'S EVALUATION

The activities in which your child will participate while a member of CAP are generally comparable to those experienced in high school, including physical education activities. To assure the fullest degree of pleasure and success in Civil Air Patrol, the cadet should be healthy, both physically and mentally. If you mark "NO" in all the boxes below, your cadet will be placed in a Physical Fitness Category I, and will not require a physical examination. If you mark "YES" in any box, an examination by a physician is required.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR SEVERE HEADACHES |
| <input type="checkbox"/> | <input type="checkbox"/> | DIZZINESS OR FAINTING SPELLS |
| <input type="checkbox"/> | <input type="checkbox"/> | UNCONSCIOUSNESS FOR ANY REASON |
| <input type="checkbox"/> | <input type="checkbox"/> | EYE TROUBLE <i>(not correctable with glasses)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | HEART TROUBLE |
| <input type="checkbox"/> | <input type="checkbox"/> | CHRONIC OR RECENT EAR TROUBLE |
| <input type="checkbox"/> | <input type="checkbox"/> | HIGH OR LOW BLOOD PRESSURE |
| <input type="checkbox"/> | <input type="checkbox"/> | SIGNIFICANT ABDOMINAL TROUBLE (INCLUDING HERNIA) UNLESS CORRECTED |
| <input type="checkbox"/> | <input type="checkbox"/> | SUGAR OR ALBUMIN IN URINE |
| <input type="checkbox"/> | <input type="checkbox"/> | EPILEPSY |
| <input type="checkbox"/> | <input type="checkbox"/> | MENTAL OR NERVOUS DISORDER |
| <input type="checkbox"/> | <input type="checkbox"/> | DRUG OR NARCOTIC HABIT |
| <input type="checkbox"/> | <input type="checkbox"/> | EXCESSIVE DRINKING HABIT |
| <input type="checkbox"/> | <input type="checkbox"/> | REJECTION FOR LIFE INSURANCE |
| <input type="checkbox"/> | <input type="checkbox"/> | ASTHMA |
| <input type="checkbox"/> | <input type="checkbox"/> | ALLERGIES |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER LIMITATIONS |

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HEALTH OF THE APPLICANT IS AS SHOWN ABOVE.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PHYSICIAN'S CERTIFICATE

(Required if "YES" was marked in any box above)

I certify that I have examined the applicant whose name appears hereon and that he/she does not possess physical limitations that would preclude participation in Civil Air Patrol as explained in the above parent's evaluation.

_____ **NOT RESTRICTED:** Physically capable of full participation.

_____ **TEMPORARILY RESTRICTED:** Medical condition or injury is temporary in nature.

_____ **PERMANENTLY RESTRICTED:** Medical condition or injury is chronic or permanent in nature and individual is restricted from all Civil Air Patrol physical activities.

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S ADDRESS

PHYSICIAN'S PHONE

CIVIL AIR PATROL FREE CADET UNIFORM VOUCHER. If you do not want the free uniform, do not complete this voucher for processing. Otherwise, follow the instructions below. If you have any questions, contact CAP NHQ/LGS at Comm 1-334-953-1501, FAX 1-334-953-1014 or e-mail logeqp@cap.gov. **Return the voucher at page 4 with your membership application. You and one of your parents or legal guardians need to read the terms also at page 4 and sign in the space provided. Your squadron commander can answer your questions about the FCU program.**

HAT SIZE CONVERSION CHART

Using a tailor's tape measure, measure the circumference of the cadet's head. Look for the approximate measurement on the chart and cross-reference to the appropriate cap size for women or men.

APPROXIMATE MEASUREMENT	WOMEN'S SIZE	MEN'S SIZE
20 1/8	20	6 3/8
20 1/2	20 1/2	6 1/2
20 7/8	21	6 5/8
21 1/4		6 3/4
21 5/8	21 1/2	6 7/8
22	22	7
22 3/8		7 1/8
22 3/4	22 1/2	7 1/4
23 1/8	23	7 3/8
23 1/2	23 1/2	7 1/2
23 7/8	24	7 5/8
24 1/4		7 3/4
24 5/8	24 1/2	7 7/8
25	25	8

FEMALE PANT/SKIRT SIZE CONVERSION CHART

Using a tailor's tape measure, measure the circumference of the cadet's waist and hip. Look for the approximate measurement on the chart and cross-reference to the appropriate pant/skirt size. All measurements are in inches. To measure Short (S), Regular (R), Long (L): Sit cadet down on flat surface. Measure from the waist to the flat surface. Seven inches and shorter requires (S); 8" requires (R); 9" or longer requires (L)

PANT/SKIRT SIZE	WAIST CIRCUMFERENCE	HIP CIRCUMFERENCE
2M	22 – 23 1/2	34 – 36
2W	22 – 23 1/2	36 1/2 – 38 1/2
4M	23 – 24 1/2	35 – 37
4W	23 – 24 1/2	36 1/2 – 38 1/2
6M	24 – 25 1/2	36 – 38
6W	24 – 25 1/2	37 1/2 – 39 1/2
8M	25 – 26 1/2	37 – 39
8W	25" – 26 1/2"	39 – 41
10M	26 1/2" – 28"	38" – 40"
10W	26 1/2" – 28"	40" – 42"
12M	28" – 29 1/2"	39 1/2" – 41 1/2"
12W	28" – 29 1/2"	41 1/2" – 43 1/2"
14M	30" – 31 1/2"	41 1/2" – 43 1/2"
14W	30" – 31 1/2"	43 1/2" – 45 1/2"
16M	31 1/2" – 33"	43" – 45"
16W	31 1/2" – 33"	44 1/2 – 46 1/2
18M	33 – 34 1/2	45 – 47
18W	33 – 34 1/2	46 – 48
20M	35 – 36 1/2	47 – 49
20W	35 – 36 1/2	48 – 50
22M	37 – 38 1/2	49 – 51
22W	37 – 38 1/2	50 – 52

Please Detach Here

Please Detach Here

Important Contact Numbers. You May Keep This Portion For Your Records

For status of your cadet membership application call NHQ CAP/LMM at 877-227-9142.

For status of your uniform voucher call the Army/Air Force Exchange Service [AAFES] at **800-527-2345** or NHQ CAP/LGS at **334-953-1501**. Be prepared to provide your CAPID shown on your membership card.

If you need to **exchange a uniform item(s)** return to: Lackland Military Clothing Sales Store, 1520 Kirkland, Building 6659, San Antonio TX 78236. Include CAPID, name, address, phone number and sizes needed. If you have a **question about your return**, please contact Lackland Military Clothing at **210-674-0190**. **Be prepared to provide your CAPID.** Please do not contact the CAPMart about the status of your voucher or uniform returns.

Free Cadet Uniform [FCU] Voucher terms. Cadets and adults should understand the following:

1. This program provides an opportunity for a **new cadet** to receive, at no cost to the cadet, a basic blue Air Force uniform, provided the unit commander approves the request and funds continue to be available in the program.
2. Cadets are responsible for purchasing the CAP accessories (name tag, ribbons, grade insignia, hat device, etc.) required for proper wear of the uniform. To purchase accessories, contact the CAP CAPMart at 1-800-633-8768.
3. In the event the cadet withdraws from the cadet program (within the first year of membership), free uniform items must be returned (or replaced, if lost or damaged) to the local CAP unit. The parent assumes the responsibility on behalf of their minor child. The squadron commander must make every reasonable effort to retrieve these uniform items.
4. These uniforms will not be sold, rented or given to anyone other than CAP cadets. The squadron commander will maintain the accountability of these uniforms with records that are available for audit.
5. The uniforms will be mailed directly to the new cadet. (Exceptions will be handled by request on a case-by-case basis.)

Please Detach Here

Please Detach Here

This Voucher Must Remain Attached To The New Member Application Form When Submitted

FREE CADET UNIFORM VOUCHER	FOR NHQ CAP/LMM USE ONLY	CAPID:							
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Submitting a fraudulent voucher is illegal and individuals may be prosecuted. Incomplete vouchers will be returned to the cadet to complete. Please type/print all information.

Ship to Name:	Ship to Address:	Contact Phone Number:
		() Home
		() Work

ALL FIELDS FOR MALE/FEMALE MUST BE MARKED

MALE						FEMALE (Choose either Pants or Skirt)					
Shirt M202E	Pant Waist M202C		Pant Length	Cap M204G	Belt M208G2	Buckle M208G2	Blouse M212M	Pants M212D	Skirt M212C	Pant or Skirt Length	Cap M214G
<input type="checkbox"/> 13 1/2	<input type="checkbox"/> 26	<input type="checkbox"/> 39	<input type="checkbox"/> XS	<input type="checkbox"/> 6 3/8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> MS	<input type="checkbox"/> 20
<input type="checkbox"/> 14	<input type="checkbox"/> 27	<input type="checkbox"/> 40	<input type="checkbox"/> S	<input type="checkbox"/> 6 1/2			<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> MR	<input type="checkbox"/> 20 1/2
<input type="checkbox"/> 14 1/2	<input type="checkbox"/> 28	<input type="checkbox"/> 42	<input type="checkbox"/> R	<input type="checkbox"/> 6 5/8			<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> ML	<input type="checkbox"/> 21
<input type="checkbox"/> 15	<input type="checkbox"/> 29	<input type="checkbox"/> 44	<input type="checkbox"/> L	<input type="checkbox"/> 6 3/4			<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> WS	<input type="checkbox"/> 21 1/2
<input type="checkbox"/> 15 1/2	<input type="checkbox"/> 30	<input type="checkbox"/> 46	<input type="checkbox"/> XL	<input type="checkbox"/> 6 7/8			<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> WR	<input type="checkbox"/> 22
<input type="checkbox"/> 16	<input type="checkbox"/> 31			<input type="checkbox"/> 7			<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> WL	<input type="checkbox"/> 22 1/2
<input type="checkbox"/> 16 1/2	<input type="checkbox"/> 32			<input type="checkbox"/> 7 1/8			<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14		<input type="checkbox"/> 23
<input type="checkbox"/> 17	<input type="checkbox"/> 33			<input type="checkbox"/> 7 1/4			<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16		<input type="checkbox"/> 23 1/2
<input type="checkbox"/> 17 1/2	<input type="checkbox"/> 34			<input type="checkbox"/> 7 3/8			<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18		<input type="checkbox"/> 24
<input type="checkbox"/> 18	<input type="checkbox"/> 35			<input type="checkbox"/> 7 1/2			<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20		<input type="checkbox"/> 24 1/2
<input type="checkbox"/> 18 1/2	<input type="checkbox"/> 36			<input type="checkbox"/> 7 5/8				<input type="checkbox"/> 22	<input type="checkbox"/> 22		
<input type="checkbox"/> 19	<input type="checkbox"/> 37			<input type="checkbox"/> 7 3/4							
	<input type="checkbox"/> 38			<input type="checkbox"/> 7 7/8			Belt M208E1	Buckle M208G2			
							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

The signatures below acknowledge that the uniform request accompanies an application for a new cadet membership in Civil Air Patrol, that all signatories agree to all terms of the FCU voucher listed on the detachable section above, and that the information listed on the voucher is correct.

Cadet's Signature and Date

Parent's or Legal Guardian's Signature and Date

Squadron/Deputy Commander Signature for Cadets and Date

EMERGENCY NOTIFICATION DATA			
PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MI	CAP RANK
ADDRESS			CAPSN
		CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION			
UNIT CHARTER NO.	UNIT NAME		UNIT LOCATION (City and State)
UNIT COMMANDER'S NAME		CAP RANK	TELEPHONE (Weekdays) AC: NO.
ADDRESS			TELEPHONE (Nights & Weekends) AC: NO.
PERSON TO NOTIFY IN CASE OF EMERGENCY			
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays) AC: NO.
ADDRESS			TELEPHONE (Nights & Weekends) AC: NO.

CAP FORM 60
JUL 77

Previous editions are obsolete.

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EMERGENCY NOTIFICATION DATA			
PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MI	CAP RANK
ADDRESS			CAPSN
		CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION			
UNIT CHARTER NO.	UNIT NAME		UNIT LOCATION (City and State)
UNIT COMMANDER'S NAME		CAP RANK	TELEPHONE (Weekdays) AC: NO.
ADDRESS			TELEPHONE (Nights & Weekends) AC: NO.
PERSON TO NOTIFY IN CASE OF EMERGENCY			
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays) AC: NO.
ADDRESS			TELEPHONE (Nights & Weekends) AC: NO.

CAP FORM 60
JUL 77

Previous editions are obsolete

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) _____

CAP FORM 60 (Reverse)
JUL 77

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) _____

CAP FORM 60 (Reverse)
JUL 77

CIVIL AIR PATROL



CADET PROTECTION POLICY AND PROGRAM FOR PARENTS AND LEADERS



Dear Parents and Cadet Program Leaders:

The Civil Air Patrol (CAP) has “zero tolerance” for all forms of child abuse and drug abuse within our program. The protection of CAP cadets is our highest priority and we have taken steps to do our best to eliminate both child abuse and drug abuse from all CAP activities. This pamphlet reviews these measures and is based on the cadet protection policy described in CAP Manual 50-16, *CAP Cadet Training Program*, Chapter 1, Section B.

Unfortunately, there are no guaranteed methods for preventing child sexual abuse. Individuals who sexually abuse children are almost impossible for any youth organization to recognize before a molestation occurs. CAP conducts FBI criminal history record checks on every CAP senior member in our best effort to screen any individuals with past offenses. We also require senior members to participate in our Cadet Protection Training Program. These and other measures we have instituted serve to protect your son or daughter from abuse while involved in official CAP sponsored activities. ***However, we cannot accept responsibility for the protection of cadets when they are involved in non-CAP activities, even if others involved with them may be other CAP cadets or senior members.***

We strongly recommend that you read this pamphlet thoroughly and carefully. In it you will find:

- Highlights of CAP cadet protection policies.
- Parental roles and responsibilities.
- Facts about sexual abuse and drug abuse.
- Tips for opening and maintaining communications with adolescents.

Our goal in providing this pamphlet to you is to enlist your help in protecting your children from both child abuse and drug abuse. Professionals who work in these fields are unanimous in stressing the importance of adults—especially parents—in the protection process.

Perhaps the most important role for adults is opening and maintaining communications with young people. Youths need to know that if they are confronted with major challenges such as being sexually abused that their parents and other trusted adults will be supportive. By offering you this pamphlet, we hope that you will find information and sufficient encouragement to take time to talk with your children about child abuse and drug abuse. We urge you to let your sons and daughters know that whatever problems they face, you are prepared to face those problems with them.

Any comments you have concerning this booklet should be forwarded to National Headquarters:

HQ CAP/ETS
105 South Hansell Street
Maxwell AFB AL 36112-6332

CAP Cadet Protection Policies

The objective of the cadet program of the CAP is to develop citizenship and leadership skills through aviation-related activities. The health, welfare, and safety of CAP cadets are our primary concerns as we achieve this goal. The following policies have been adapted specifically to protect cadets from abuse:

- **Screening** - All CAP senior members undergo a FBI criminal history record check to determine eligibility for CAP membership. National Headquarters CAP/DP coordinates this record check with the FBI.
- **Training** - Prior to working with cadets, senior members must complete CAP's Cadet Protection Training Program.
- **Leadership** - All cadet activities must be supervised properly. Commanders must exercise care in selecting senior members and cadets to conduct and supervise cadet activities. Generally, this means that a minimum of two senior members will be present when appropriate and feasible. This requirement also protects senior members from false allegations of abuse.
- **Sexual Abuse** - Cadets will not be subjected to sexual molestation, touching, contact, exposure, suggestions or other incidents of a sexually-oriented nature.
- **Physical Abuse** - Cadets will not be physically struck or assaulted in any way. Also, cadets will not be hazed or forced to do excessive exercises.
- **Reporting Requirements** - Senior members, cadets, cadet parents/guardians should report suspected abuse to the unit commander or the commander at the next higher level of command. The unit commander reports the allegation to his or her wing commander; the wing commander then contacts the wing legal officer and National Headquarters CAP Corporate Legal Counsel or Executive Director. CAP views allegations of abuse as serious and will fulfill its statutory obligation to contact appropriate child protection and law enforcement agencies for investigation and prosecution of child abuse allegations.



Parental Roles and Responsibilities

The CAP relies upon active parental participation to assist with protection of CAP cadets in areas of child abuse and drug abuse. To foster this participation, the CAP encourages:

- Parents' meetings to discuss the CAP program.
- Parents' committees to advise CAP units on cadet activities.
- Requiring parental permission for each activity outside of regular squadron meetings.
- Parents to meet unit commanders and senior members.
- Routine communications with parents including a calendar of events that keep parents informed about planned activities and notifying parents when the schedule of activities changes.

The Civil Air Patrol invites you to consider sharing your child's CAP experience and to participate in meaningful community service by becoming a Civil Air Patrol senior member.

We urge you to take an active interest in your child's CAP experience. When you have questions, feel free to contact officers at the unit, wing, or at National Headquarters, CAP.



Protecting Your Child from Sexual Abuse and Drug Abuse

Being the parent of an adolescent is a demanding responsibility made all the more difficult by the pervasive influences of alcohol, drugs and risks of sexual abuse or sexual assault. Parents, however, have a great deal of power to help their children develop defenses against these influences.

- ***Talk with your children about sexual abuse.*** Even teenagers need to understand that sexual abuse can happen to them and that individuals who present the biggest risk of sexual abuse are not strangers.
- ***Pose some “What if...” scenarios to help your child develop appropriate resistance strategies.*** During discussions with your children, ask them what they would do if a particular incident occurred. Your hypothetical cases should include situations in which both adults and young people are the aggressors. For example, you might want to discuss “date rape” situations.
- ***Reassure your child that, whatever happens in an abusive situation, the aggressor is responsible--victims should not and will not be blamed.*** Often sexually abused or sexually assaulted children do not turn to their parents for help because they fear they will be blamed for being victimized. Addressing these concerns before anything happens may create an atmosphere in which your child is more likely to seek your help.
- ***Be alert to changes in your child’s behavior and feelings about particular people.*** Many children exhibit changes in behavior after an incident in which they were sexually victimized, or even when it was only an attempt at victimization. Common reactions to sexual abuse include sudden changes in school performance, depression for more than a normal period of time, or sleep disturbances. In addition, they may have a sudden unexplained change in their relationship with the perpetrator--avoiding any contact with him or her.
- ***Be alert to physical signs that your child may have been sexually abused.*** In many cases, there are physical indications that a child has been molested. Examples of such signs are: torn, stained, or bloody underwear, pain or itching in the genital area, bruised or bleeding external genitalia, sexually transmitted diseases, and pregnancy. In older children who may be sexually active, the interpretation of some of these signs as indicators of possible sexual abuse is less certain than if the signs were present in younger children.
- ***Be aware that young people are exposed to drugs early in life.*** Unfortunately, the use of illegal drugs - especially by our young people - continues to be a great problem for this nation. One study concluded that the average age when boys first experiment with drugs was 11 years of age. For girls, the average age was slightly older, 13 years old.
- ***Know the serious consequences of drug abuse.*** The abuse of drugs creates a myriad of short- and long-term physical and psychological health effects which have been well documented. Some physical effects are heart, lung, and kidney damage, and brain damage. Other changes include memory loss, the inability to concentrate, depression, and other psychological effects. Many of these changes are permanent.
- ***Help your children set realistic goals for their futures and relate how drugs would interfere with reaching those goals.*** Most young people are exposed to the facts about drug abuse in various drug abuse education programs. They know about the damages drugs can inflict physically. They may not, however, associate drug abuse with the long-term impact it can have on their own life-goals.

- ***Be a good example for your children.*** Children are quick to ignore “do as I say, not as I do,” adults. If you do not want your children to drive after using alcohol, your example will be the standard they use. If you do not want them to use drugs, your attitude about drugs and your past (or current) usage of them will be the benchmark used by your children.
- ***Encourage your children to participate in activities that encourage a healthy lifestyle and that develop self-esteem.*** CAP, organized sports, church youth groups, and extracurricular activities at school are examples of activities that provide opportunities for personal development. Parental guidance and encouragement of active participation in such activities can help your children avoid the temptation to experiment with drugs.
- ***Help enforce CAP’s drug abuse policy.*** CAP has a “zero tolerance” drug abuse policy. CAP members are forbidden from possessing or consuming illegal drugs. Also, CAP cadets may not possess or consume alcohol during any CAP activity, regardless of age. CAP senior members may not consume alcohol while participating in any cadet activity.



Communicating With Teenagers

Parents are often at a loss to know how to communicate with their teenagers or how to know if what they are saying makes any difference. Teenagers’ drive for independence may cause conflict between them and their parents. Some conflict is normal, but may be problematic for both. Adolescents are in the final stage of childhood and successful parenting requires allowing teens to begin to make decisions about some aspects of their lives such as clothing and hair styles while setting boundaries in high risk areas such as curfews, drinking, and school attendance.

Many teenagers complain that the only time their parents talk to them is to lecture them about something they did wrong. Parents need to discipline their children, but they should also strive to find opportunities to praise their children and to express interest in their childrens’ activities, friends, schoolwork and, of course, their CAP experiences.

Communications with teenage children may be facilitated by use of open-ended questions that require more than a yes or no answer. Such questions usually begin with phrases such as:

- “How do you feel about...?”
- “What do you think of...?”
- “How did it go...?”

By involvement in the routine day-to-day activities of your children, you are more likely to notice the clues that something is wrong and be better able to offer your assistance.



National Resources

For additional information concerning protecting your child from child abuse or drug abuse contact the following clearinghouses:

Child Abuse and Neglect Information Clearinghouse
PO Box 1182
Washington DC 20013
(800) FYI-3366
<http://www.calib.com/nccanch>

National Center for Missing and Exploited Children
2101 Wilson Blvd, Suite 550
Arlington VA 22201
(703) 235-3900
<http://www.missingkids.org>

National Committee to Prevent Child Abuse
332 South Michigan Ave, Suite. 1600
Chicago IL 60604-4357
(312) 663-3520
<http://www.childabuse.org>

National Clearinghouse for Alcohol and Drug Abuse Information
PO Box 2345
Rockville MD 20847-2345
(301)468-2600
<http://www.health.org>